

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12275</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.  Name <u>W. Terry</u> <u>Lins</u>  P.O. Box, Bldg., Room No., if any  Street <u>1750 New York Avenue, N.W.</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>	4. Name, file number, and address of labor organization.  Name <u>International Union of Painters &amp; Allied Trade</u>  Labor Organization File Number <u>000-035</u>  P.O. Box, Building and Room Number, if any  Street <u>1750 New York Avenue, N.W.</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>
5. Position in labor organization. <u>General Presidents Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

W. Terry Lins

On

8-13-05

Date

202-637-0700

Telephone Number

Name of Person Filing <b>W. Terry Lins</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>TUPAT Labor Management Cooperative Initiative</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employee's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>11.a. Nature of such dealing.</b> Affiliated labor management fund - dealing consists of shared costs.  <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$226,441</b></span>  <b>12.a. Nature of interest held or income received.</b> 1/7/04, Hotel Room Charge, 158.05 8/18/04, meal, 92.79 1/27-30/04, Travel Reimbursement, 158.05 3/10/04, Expense Reimbursement, 101.00 8/18/04, meal, 92.79  <b>12.b. Amount.</b> <span style="float: right;"><b>\$603</b></span>

  

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.